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DECLARATION AND POWER OF ATTORNEY		Attorney Docket Number V		VDX-5001 USNP				
		First Named		Robert Belly, Dustin C. Hays				
FOR UTILITY OR DESIGN			COMPLET	TE IF KNOWN				
PATENT APPLICATION (37 CFR 1.63)		Application Number		ТВА				
	ion Submitted after ing (Surcharge	Filing Date		February 18, 2004				
(37 CFR	1.16(e)) required)	Group Art Ur	nit					
		Examiner Na	ame					
As a below named inventor, I hereby declar	are that:							
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
DISRUPTION OF CELLS AND TISSUES (Title of the Invention)								
the specification of which								
is attached hereto								
OR								
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Country Number(s)		Filing Date D/YYYY)	Priority Not Claime	Certified Copy d Attached? YES NO				
	lished and							
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								

DECLARATION - Utility or Design Patent Application							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:							
Application Serial No.	Filing Date	Status					
	.	Patented Patented Patented					
I hereby appoint:							
Practitioners at Customer Number AND	Place Customer Number Bar Code Label Here						
Practitioner(s) named below: Name Registration Number							
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.							
Address all telephone calls to at telephone number (732) 524-							
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:	☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]) Robert							
Inventor's Signature				Date			
Residence: City Webster	State NY		Count	ry USA	CitizenshipUSA		
Mailing Address 1144 Ohstrom Park							
City Webster	State NY	State NY ZIP		4580	Country USA		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SECOND INVENTOR:	A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]) Dustin C.	Family Name or Surname Hays						
Inventor's Signature			Date				
Residence: City Rochester	State NY		Count	ry USA	Citizenship USA		
Mailing Address 50 Briarcliff Road							
City Rochester	State NY		ZIP 1	4617-2306	Country USA		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF THIRD INVENTOR:	☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])	Family Name or Surname						
Inventor's Signature Date							
Residence: City	State		Count	ry	Citizenship		
Mailing Address							
City	State		ZIP		Country		

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